

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/539704**

FILING DATE

**Winston Alvarez**

APPLICANT(S)

**National Stage Processing  
Paralegal Specialist**

**Winston Alvarez**

**CLAIMS**

**(702) 305-8421**

**National Stage Processing  
Paralegal Specialist  
(702) 305-8421**

	DEP.	AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
		IND.	DEP.	IND.	DEP.
1	/	/			
2	/		/		
3	/		/		
4	0		/		
5	0		/		
6	0		/		
7	0		/		
8	0		/		
9	0		/		
10	0		/		
11	0		/		
12	0		/		
13	/	/			
14	/	/	/		
15	/		/		
16	3		/		
17	0		/		
18	0		/		
19	0		/		
20	0		/		
21	0		/		
22	0		/		
23	0		/		
24	0		/		
25	/	/			
26	/		/		
27	/		/		
28	3		/		
29	0		/		
30	0		/		
31	0		/		
32	/	/			
33	/		/		
34	/		/		
35	3		/		
36	0		/		
37	0		/		
38	0		/		
39	0		/		
40	0		/		
41	0		/		
42	0		/		
43	0		/		
44		/			
45		/			
46			/		
47			/		
48		/			
49		/			
50		/			
TOTAL IND.	4	8			
TOTAL DEP.	45	55			
TOTAL CLAIMS	49	63			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
59				/		
60				/		
61				/		
62				/		
63				/		
64				/		
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						